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15915 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTORNEY DOCKET NO. 086142-0569

17510 U.S. PTO
10/689036

10/21/03

Applicant: Hiroshi TERAMOTO et al.

Title: INFLATOR

Appl. No.: Unassigned

Filing Date: 10/21/2003

Examiner: Unassigned

Art Unit: Unassigned

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the non-provisional utility patent application of:

Hiroshi TERAMOTO
Shinich TANAKA

Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (2 pages).
- [X] Specification, Claim(s), and Abstract (11 pages).
- [X] Informal drawings (3 Sheets, Figures 1-4).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment Recordation Cover Sheet.
- [X] Assignment of the invention to TAKATA CORPORATION (2 pages).
- [X] Information Disclosure Statement (2 pages).
- [X] Form PTO/SB/08 with copies of 4 listed reference(s).

Appl. No. Unassigned

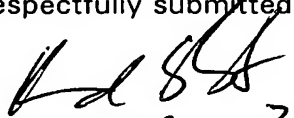
The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total Claims:	20	-	20	=	0	x	\$18.00	=	\$0.00
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
[]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00
Assignment Recordation Fee:						+	\$40.00	=	\$40.00
							TOTAL FEE	=	\$810.00

- [X] A check in the amount of **\$810.00** to cover the filing fee and fee for recordation of Assignment is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,


FOR 39,370

October 21, 2003

Date

FOLEY & LARDNER

Customer Number: 22428

Telephone: (202) 672-5490

Facsimile: (202) 672-5399

Michael D. Kaminski
Attorney for Applicant
Registration No. 32,904